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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Generation-Skipping Transfer Tax Return
For Distributions**

For calendar year

OMB No. 1545-1144

Attach a copy of all Forms 706-GS(D-1) to this return.

Part I General Information

1a Name of skip person distributee	1b Social security number of individual distributee (see instructions)
2a Name and title of person filing return (if different from 1a, see instructions)	1c Employer identification number of trust distributee (see instructions)
2b Address of distributee or person filing return (see instructions) (number and street or P.O. box; city, town, or post office; state; and ZIP code)	

Part II Distributions

a Trust EIN (from Form 706-GS(D-1), line 2a)	b Item no. (from Form 706-GS(D-1), line 3, column a)	c Amount of transfer (from Form 706-GS(D-1), line 3, column f, (Tentative transfer))
3 Total transfers (add amounts in column c)		3

Part III Tax Computation

4 Adjusted allowable expenses (see instructions)	4	
5 Taxable amount (subtract line 4 from line 3)	5	
6 Maximum federal estate tax rate (see instructions)	6	%
7 Generation-skipping transfer tax (multiply line 5 by line 6)	7	
8 Payment, if any, made with Form 7004	8	
9 Tax due. If line 7 is larger than line 8, enter the amount owed (Make the check payable to the "United States Treasury.")	9	
10 Overpayment. If line 8 is larger than line 7, enter amount to be refunded	10	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than taxpayer is based on all information of which preparer has any knowledge.

**Sign
Here**

Signature of taxpayer or person filing on behalf of taxpayer

Date

**Paid
Preparer's
Use Only**Preparer's
signature

Date

Check if
self-employed ☐

Preparer's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP code

EIN

Phone no. ()

For Privacy Act and Paperwork Reduction Act Notice, see page 3 of separate instructions.

Cat. No. 10327Q

Form **706-GS(D)** (Rev. 10-2008)